



RECOMMENDATION FORM

To the Parent/Guardian: Please fill in Part I of this form and give to the teacher-adviser and/or school counselor of the school where your child has studied before applying to Silliman University School of Basic Education.

Part I.

Student's Name: _____ Date of Birth: _____
 Student's Home Address: _____
 Previous School Attended: _____
 Address of School: _____
 Phone No. of School: _____ Fax No.: _____

Part II.

To the Teacher-Adviser/School Counselor:

The student above is applying for admission to our school. Please complete this recommendation form. The data obtained will be useful in helping us evaluate his/her application for admission to our school. Rest assured all information will be treated with utmost confidentiality.

When completed, please give this to the student in a sealed envelope with your signature on the flap.

Thank you.

1. Observable Qualities of Student. Kindly **sign** (not check) the appropriate column.

| | Excellent | Good | Average | Poor | No basis for rating (not observable) |
|------------------------------------|-----------|------|---------|------|--------------------------------------|
| 1. Analytical/Quantitative Skills | | | | | |
| 2. Intellectual Ability | | | | | |
| 3. Oral Communication Skills | | | | | |
| 4. Written Communication Skills | | | | | |
| 5. Leadership Potential | | | | | |
| 6. Ability to Work with Others | | | | | |
| 7. Resourcefulness | | | | | |
| 8. Psycho-Emotional Maturity | | | | | |
| 9. Diligence and Perseverance | | | | | |
| 10. Responsibility and Initiative | | | | | |
| 11. Creativity and Imagination | | | | | |
| 12. Critical Thinking | | | | | |
| 13. Academic Honesty and Integrity | | | | | |
| 14. Christian Influence | | | | | |

2. Please indicate additional information concerning the student's potential/hobbies.

2. Please assess the applicant by **signing** the appropriate line:

- a. Class Attendance _____ never absent _____ frequently absent
 _____ rarely absent _____ always absent
- b. Punctuality _____ always on time _____ frequently late
 _____ rarely late _____ always late
- c. Personal Conduct _____ excellent _____ fair
 _____ good _____ needs improvement/poor
- d. Study Habits _____ excellent _____ fair
 _____ good _____ needs improvement/poor

3. Has the student ever been involved in any of the following?

| | I do not know | Yes | No | If "Yes", what intervention has been given by the school? |
|--|---------------|-----|----|---|
| Cheating | | | | |
| Vandalism | | | | |
| Stealing | | | | |
| Use of prohibited drugs | | | | |
| Bullying | | | | |
| Driving vehicles with or without license | | | | |
| Alcohol drinking | | | | |
| Cigarette smoking | | | | |
| Others | | | | |

4. Has the student obtained a passing grade in all his/her subjects during your time as an adviser?

() Yes () No

If not, in what subject/s did he/she fail? _____

RECOMMENDATION: In consideration of the above evaluation, do you recommend this student to this institution?

- () Strongly Recommended () Recommended with Reservation
- () Fairly Recommended () Not Recommended

 Signature of Teacher-Adviser/School Counselor
 over Printed Name

 Signature of Principal over Printed Name

Date: _____

Date: _____